

AO83 (Rev. 12/85) Summons in a Criminal Case

## UNITED STATES DISTRICT COURT

DISTRICT OF

DELAWARE

UNITED STATES OF AMERICA  
V.  
DWIGHT CORNELL JOHNSON

## SUMMONS IN A CRIMINAL CASE

Case Number: 06-01PO - MPT

Milford, DE 19963

(Name and Address of Defendant)

REDACTED

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place J. Caleb Boggs Federal Building 844 North King Street Wilmington, Delaware 19801	Room Magistrate Ctrm # 6C, 6 <sup>th</sup> Floor
Before: Honorable Mary Pat Thyng, U.S. Magistrate Judge	Date and Time 8/17/06 at 1:00 pm

To answer a(n)

Indictment ☒ Information ☐ Complaint ☐ Violation Notice ☐ Probation Violation Petition

Charging you with a violation of Title 18 United States Code, Section(s) 704 & 706

Brief description of offense:

WEARING A MEDAL WITHOUT AUTHORITY - (COUNT I)  
WEARING A UNIFORM WITHOUT AUTHORITY - (COUNT II)

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
2006 AUG 16 AM 9:33

By: Peter T. Dalleo; Deputy Clerk.  
Signature of Issuing Officer

August 7, 2006 at Wilmington, DE  
Date

Peter T. Dalleo; Clerk of Court  
Name and Title of Issuing Officer

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**RETURN OF SERVICE**

Date

Service was made by me

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant at: \_\_\_\_\_☐ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was \_\_\_\_\_☐ Returned unexecuted: \_\_\_\_\_

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned

Date

8-14-06

Name of United States Marshal

(by) Deputy United States Marshal

Remarks:

<sup>1</sup> As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

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**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Postmark  
Here

**Dwight Cornell Johnson**

Sent To \_\_\_\_\_

Street, Apt.  
or PO Box \_\_\_\_\_

City, State, \_\_\_\_\_

**Milford, DE 19963**

PS Form 3800, June 2002 See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>Dwight Cornell Johnson</b></p> <p style="text-align: center;"><b>Milford, DE 19963</b></p> <p>2. Article Number (Transfer from service label) <span style="float: right;">7004 1160 0006 7939 9057</span></p>	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <b>8/8/06</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Sum of

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540